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D. Shiriff

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jus in time Water Restoration Company LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person Jus in time Water Restantion Company LLC Firm/Company
5/0 DeLiDo Why Address
Kissing mee FC 34758 City/State and Zip Code Justin Time w R @ 9 MAil.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Name of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)} \Bigcup \\$60.00 Filing Fee, \Certified Copy \\ \text{(additional copy is enclosed)} \Bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)} \Bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)} \Bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)} \Bigcup \Bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)} \Bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)} \Bigcup \Bigc

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jus in Time	- WAte	R Reston	Ation	Comp.	ANY	LLC
(<u>Name of the Limited L</u> (A I	<u> Jiability Compar</u> Florida Limited L	iy as it now appears iability Company)	s on our recor	<u>ds.</u>) '	ľ	
The Articles of Organization for this Limited Liabil Florida document number 14 000 1	lity Company	were filed on	11 16	2014	_ and assig	gned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the JUS+ IN Time W. The new name must be distinguishable and end with the work	LATER RE	STORATIO	on Co	MANY .Ch or the abbre	eviation "L.I	L.C."
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	(DDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered off		BOX nec	58/3	945 445 name o	8 f the new
Name of New Registered Agent:				e entrità	, -	44
New Registered Office Address:		Enter Flori	da street addre	ss IASSE	014 DEC 19	
New Registered Agent's Signature, if changing Regi	stered Agent:	City	, r	TEFE ST	Zip Code	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regions of my has been notified in writing of this cha	ind complete p red agent as pi istered office o	performance of n rovided for in C	ny duties, a hapter 605,	nd I am fam F.S. Or, if th	iliar with his docum	and ient is
	If Chans	ging Registered Age	ent, <u>Signature</u>	of New Registe	red Agent	

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR= Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
<u></u>			□ Add
			□ Remove
			Add
			Remove
			
			☐ Remove
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			Add Remove Res
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